

TREASURER OF THE STATE OF ARKANSAS
Authorization Agreement for Preauthorized Payments
Automated Clearing House Debits and Credits

_____ County

This agreement by and between the **Treasurer of State**, hereinafter called "**Treasury**", and the **County Treasurer**, hereinafter called "**County**", authorizes the **Treasury** to initiate debit entries and to initiate credit entries and adjustment to any debit entries in error to the bank account designated below at the financial institution indicated below, hereinafter called "**Depository**", to debit and/or credit the same such account.

Depository Name:	
Address:	
City:	
Name of Account:	
Routing Number:	
Account Number:	
Federal ID Number:	

Checking: ☐

Savings: ☐

This authorization is to remain in full force and effect until **Treasury** has received written notification from **County** of its termination in such time and in such manner as to afford **Treasury** and **Depository** a reasonable opportunity to act on it.

Authorized Signer on Account:	
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PLEASE PRINT

Signature: _____

Date: _____

Please Return: Treasurer of State
Attn: ACH
220 State Capitol
Little Rock, AR 72201